

**REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING**

Applicant Submission

1. ORI: <b>A0448</b>			
2. Working Title: (Check <input checked="" type="checkbox"/> one)			
<input type="checkbox"/> Adult Resident other than Client	<input type="checkbox"/> Employee	<input type="checkbox"/> License, Certification, Applicant	<input type="checkbox"/> Volunteer
3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility Type."			
Group Home 6 / child less			
4. Agency Address Set Contributing Agency:			
<b>CA Dept of Social Services</b>		<b>03502</b>	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
<b>PO BOX 944243</b>	<b>Mail Station 19-62</b>	<b>N/A</b>	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
<b>Sacramento,</b>	<b>CA</b>	<b>94244-2430</b>	<b>( ) N/A</b>
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: (Please print)			
LAST		FIRST	MI
AKA's: LAST FIRST MIDDLE			
DOB: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. _____	BIL - _____
		AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____	WT: _____	Misc. No.: _____	ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.
EYE Color: _____	HAIR Color: _____	Home Address: (All applicants must complete)	
POB: _____	STREET OR PO BOX		
SOC: _____	CITY, STATE AND ZIP CODE		
(See Privacy Statement on Page 4)			
6. Facility Number: <b>34557777</b>		Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission for fingerprint quality (select R2), list Original ATI No. _____			
7. Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
<b>CA Dept of Social Services</b>			
Employer Name			
<b>PO Box 944243</b>	<b>Mail Station 19-62</b>	<b>03502</b>	
Street No.	Street or PO Box	Mail Code (five digit code assigned by DOJ)	
<b>Sacramento,</b>	<b>CA</b>	<b>94244-2430</b>	<b>N/A</b>
City	State	Zip Code	Agency Telephone No. (Optional)
8.			
Live Scan Transaction Completed By: _____		Date: _____	
		Name of Operator	
Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed